

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>1-25-96</u>		2 Serial/Patent # <u>8/256229</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/>	Filing		\$ <u>365.-</u>
<input type="checkbox"/>	Amendment		\$
<input type="checkbox"/>	Extension of Time		\$
<input type="checkbox"/>	Notice of Appeal/Appeal		\$
<input type="checkbox"/>	Petition		\$
<input type="checkbox"/>	Issue		\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.		\$
<input type="checkbox"/>	Maintenance		\$
<input type="checkbox"/>	Assignment		\$
<input type="checkbox"/>	Other		\$
		7 TOTAL AMOUNT OF REFUND	
		\$ <u>365.-</u>	
		8 TO BE REFUNDED BY:	
		Treasury Check	
10 REASON:		Credit Deposit A/C #:	
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	Duplicate Payment	9 <u>02--4300</u>	
<input type="checkbox"/>	No Fee Due (Explanation):		
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>B. DAVEPORT</u>		TITLE: <u>HAA EX</u>	
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308/157</u>	
OFFICE: <u>ONE STOP 3</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: <u>[Signature]</u>		DATE: <u>21 Feb 96</u>	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance  
Refund Branch  
Crystal Park One, Room 802B